

Bethesda Child Development Center Employment Application

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

**Bethesda CDC
116 East Main Street
Middletown, DE 19709**

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE ALL PAGES. DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long _____ Social Security No. _____ - _____ - _____

Phone _____ Cell Phone _____

If under 18, please list age _____ E-Mail _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Be specific)

No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to begin work? _____

How did you hear about this employment position? _____

Have you ever been employed by this company before? _____ If yes, list hire and end dates _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From _____	Start _____
		To _____	Final _____
Your last job title _____			
Reason for leaving (be specific) _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you complete this application yourself <input type="checkbox"/> Yes <input type="checkbox"/> No If not, who did? _____				

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Bethesda Child Development Center permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Bethesda Child Development Center from any liability as a result of such contact.

I further understand that my employment with Bethesda Child Development Center shall be probationary for a period of ninety (90) working days, and further that at any time during the probationary period or thereafter, my employment relation with Bethesda Child Development Center is terminable at will for any reason by either party. The Bethesda Child Development Center does not pay into unemployment benefits provided by the Delaware Department of Labor.

Signature of applicant _____ **Date:** _____

The Bethesda Child Development Center is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Bethesda Child Development Center depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.